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## CASE OF CATALEPSY.

FROM A LECTURE DELIVERED AT THE JERVIS STREET HOSPITAL, DUBLIN, BY  
ANDREW ELLIS, ESQ. SURG. ETC.

I now beg your particular attention to the case which has brought us together on the present occasion, and has naturally excited so much interest amongst you for some time past. It will be read to you as it was noted down in the case-book during its progress since the admission of the patient into the hospital :—

“Ann Finn, aged eighteen years, eight months married, of rather full habit, with delicate skin, blue eyes, and fair complexion, was admitted into the Jervis Street Hospital on the 29th of June, for neuralgia of the right side, with which she had been afflicted for the preceding six weeks. At the time of admission there was much tenderness on pressure along the course of the sciatic nerve, from the hip to the knee. The slightest motion caused shooting pain in this direction, and it was acutely felt in the lumbar region on every attempt at coughing or sneezing. The pain was so severe at night that it prevented her from sleeping. Her general health was indifferent, being feverish, and in bad spirits. She was then (June 29th) about three months advanced in pregnancy. Various topical and general remedies were administered for five or six weeks, viz. locally, leeches, blisters, moxas, and liniments, were applied without advantage. Acupuncturation was also made trial of. She was rather insensible to these external stimuli; even the application of the moxa gave her but little uneasiness. The ointment of veratria, in the proportion of a scruple of veratria to an ounce of lard, was used, but, like the other applications, without the slightest beneficial effect. She took internally at different times, quinine, carbonate of iron, and anodynes of various descriptions; but all medicines administered internally disagreed with her after a few days. About the latter end of July, as she found herself not improving in hospital, she stated her intention of returning to her friends in the country, and on the 1st of August, much to the surprise of every person in the hospital, she arose, dressed herself, and walked away apparently quite well. During her stay in the hospital she never left her bed, and for a few days previous to her departure she appeared to suffer more than usual. The fact of her thus suddenly recovering the use of the limb after long confinement, made some ill-natured persons suspect she had been malingering; but this was as improbable as the suspicion was uncharitable and groundless. On the 23rd of October she was again admitted into the hospital, the pain in her thigh being nearly as bad as formerly. She stated that she had miscarried a few weeks after she left

Dublin in August, that she had been suffering nearly all the time she was in the country, from the affection of her side. She looked pale and dejected, but had not lost flesh.

Nov. 1.—A drunken man, a friend to one of the patients in the ward where she was, abused her for some imaginary offence, and threw her into a violent hysterical paroxysm ; she was seized with a kind of retching, became nearly insensible, and her countenance was quite suffused. The globus hystericus was visible, rising in her throat. This fit lasted nearly an hour, and she appeared to be much exhausted after it. She had an attack of this kind almost every day up to the 9th instant, when the character of the paroxysm became altered, and the neuralgic affection appeared to have completely left her.

9.—In the fits to-day she commences by smiling, pushing out her legs, and clenching her fists so firmly that it is quite impossible to open them. The jaws also become closely locked ; she twists her hands about, and then strikes the bed violently, or if any person endeavors to hold her she resists with all her force. She sometimes catches hold of her own hair, and if not prevented would tear it out in handfuls. She attempts to bite her own or any other person's hand which happens to be near her ; and should she not succeed in her efforts she bites the bed-clothes, and if her feet be left loose, she kicks furiously in every direction. These paroxysms last only a few minutes, but they occur very frequently during the day, and are brought on by the slightest disturbance. In the intervals of the paroxysms she is tolerably well and in good spirits. She has retention of urine, and requires the use of the catheter ; the urine is limpid, and secreted in considerable quantity.

13.—Fits continue without any alteration in character ; the retention of urine also continues, and she requires the use of the catheter two or three times daily. She is perfectly intelligent, but has completely lost her speech. She hears, or will write or make signs to show that she perfectly understands, any question put to her, but is utterly incapable of articulating a single word. It appears that she had a paroxysm of long duration last night, and that she has not spoken since.

21.—Aphony continues, and the most insignificant monosyllable has not escaped her lips since the last report. She is perfectly intelligent in the intervals of the paroxysms, which occur more frequently and with greater violence than heretofore. To-day she exhibits a new phenomenon ; after each paroxysm she becomes *cataleptic*. About a minute or two after one of the violent fits before described is over, and she appears to be quite recovered, she suddenly drops into a sound sleep, the countenance assumes the most perfect placidity, the eyes remain closed, and when the lid is raised the eyeball is seen turned upwards with the pupil dilated. She maintains whatever position she happens to be in at the time of seizure, with the exception that the fingers are suddenly bent backwards, extended. The arms, fingers, and head, retain any posture they are moved into, no matter how ludicrous or painful, apparently. The legs and feet become too rigid to admit of removal. The toes are always firmly and violently flexed. During this fit she is perfectly insensible to everything around her, and no stimulus appears to be capable of exciting consciousness. Having remained in this state for eight or ten

minutes, she recovers with a moan, and seems to suffer from pain in her left breast. These fits occur twenty or thirty times in twenty-four hours, and as frequently in the night as in the day. Retention of urine continues, but it is secreted in less quantity than before, and is full of mucus. She cannot now retain it as well as formerly, and requires the catheter four or five times in the twenty-four hours. The tongue and pulse are natural. She indicates by signs that she is affected with headache. Her appetite is bad, and she has scarcely slept at all since her re-admission into the hospital.

23.—The cataleptic fit comes on quite suddenly, continues longer than before, and *precedes* the furious paroxysms. The cataleptic attack is generally of about fifteen minutes duration, and the *subsequent* convulsion about three. When recovering she generally utters a few piercing moans, and places her hands on the left side of her thorax, as if she felt severe pain in the region of the heart. She suffers pain all over the abdomen, but it is manifestly the result of morbid sensibility in the nervous system, and quite different from the pain resulting from inflammatory action.

25.—The following is the order in which the stages of the paroxysm occur. She becomes suddenly cataleptic, perhaps while in the act of eating, drinking, or making signs in reply to questions which have been put to her. She continues insensible, in the position she happens to be in at the moment, for about fifteen or twenty minutes. She is then seized with a violent paroxysm, which lasts only a minute and a half, when the convulsion suddenly stops. She relapses into the cataleptic state, in which she continues about ten minutes, at the end of which time she instantaneously awakes, in possession of all her faculties except speech. The fits recur every five minutes, and the slightest degree of disturbance is capable of producing them at any moment. The pulse is not affected during the catalepsis.

26.—The catalepsis continues much longer than heretofore; she remained in one fit this morning without intermission for an hour and a half. An ælian was played close to her ear, but she seemed to be unconscious of what was doing: her head was then placed over a bucket, and some cold water was dashed upon her. She screamed violently, but did not become conscious. She was spoken to on the epigastrium, the palms of the hands, and the soles of the feet. When she recovered from the fit, on being questioned as to whether she had heard the music or any person speaking, or if she felt the water, she answered by signs in the negative.

Dec. 1.—At 5 o'clock this evening she was seized with an extraordinary difficulty of breathing, which resembled a violent panting, the abdomen and thorax heaving alternately in a most remarkable manner. The respirations as counted by the motions of the chest were 120 in a minute, but by placing the hand immediately over the patient's mouth, it was ascertained that the admissions and expulsions of air into and from the lungs were very little, if any more frequent than natural. This new symptom has not in any degree interfered with the cataleptic seizures, which occur as frequently as before. The pulse weak and quick, beating 108 strokes

in a minute ; altogether she looks more emaciated and exhausted than she has since her admission into the hospital.

9th.—She has remained nearly in the same state as when last reported. The dyspnoea has never remitted even for an instant up to last night, when she had an hour's comfortable sleep. To-day her respiration occasionally stops suddenly and continues suspended for a minute ; her face becomes livid ; the arms, which at other times are easily flexed or moved, become quite rigid, and cannot be moved without considerable force ; the abdomen is enormously distended during the suspension of respiration, from which she recovers with a crowing noise, when the countenance, arms, and abdomen, instantaneously return to their natural state.

13.—She appears improved to-day ; had two hours' sleep last night. The spasmodic action of the diaphragm ceased altogether during sleep, and is not near so violent at any time as formerly. The catalepsy now lasts but a few minutes, and on recovering from it she is seized with a violent convulsive paroxysm, similar to that described on the 9th of November, with this difference, that she does not relapse into the cataleptic state on the subsidence of the convulsions, but is suddenly restored to her faculties.

17.—There was a slight appearance of the catamenia yesterday morning, which ceased in the evening ; in other respects she remains pretty much in the same state ; loss of speech and retention of urine still continue.

18.—No menstrual discharge yesterday, but this day it returned, and is abundant. The interruptions to respiration are frequent, and attended with congestion of the face, rigidity of the limbs, and tumefaction of the abdomen, as before.

21.—She can articulate a few insignificant monosyllables, such as 'yes' and 'no ;' the inordinate action of the diaphragm has nearly ceased.

25.—All this day the catalepsy never at any one time continued more than one or two minutes ; the convulsion, which is very violent, lasts three or four. She is sick, and had retching three or four times.

26.—About ten o'clock last night, the nurse being absent, she got out of bed to get a drink, her stomach became sick, and she vomited, she says, a clot of blood, and *immediately* found she could articulate. She now speaks as well as ever ; says she was always perfectly sensible except when affected with a fit, but on these occasions has no knowledge or idea whatever of anything that occurred.

29.—The catalepsy lasts not more than one minute. The paroxysm which succeeds is more violent than it has been at any former period. She strikes at every person about her, as if by design. She sometimes speaks whilst in the convulsion, which ends leaving her in a sort of idiotic stupor, which continues for two or three minutes.

January 3, 1835.—On this day she recovers from the convulsive paroxysm without its being succeeded with the 'idiot stupor.'

12.—Has continued as last reported, up to this day, when there is a slight appearance of menstruation. She has likewise been attacked with the inordinate action of the diaphragm, from which she has not suffered during the last three weeks.

16.—This day she stated, that having been thinking over various matters which occurred to her during the last two months, she recollected having heard a voice one day on the pit of the stomach while she was in a fit, and consequently otherwise insensible. On the occurrence of the first cataleptic attack after this communication, she was spoken to on the epigastrium as on the 26th of November; and on the subsidence of the fit, she could repeat with accuracy every word addressed to her through this region. This experiment was often repeated, and always attended with similar results. She could hear the lowest whisper, or even the ticking of a watch. However, she was incapable of distinguishing between the voices of different persons who spoke to her. She stated that the voice appeared to her as if it issued from a barrel, and that she could form no idea whatever of the state she was in.

February 1st.—She has been gradually improving ever since the last report, and is now able to get up and walk about the ward. She is sometimes seized with the catalepsis when in the erect posture, and *remains* so during the fit. Retention of urine continues, but in every other respect she appears to be steadily recovering."

Such, gentlemen, is the history of Mrs. Finn's case; the details may appear to be unnecessarily tedious, but when you call to mind that the report introduces to your notice some *new* symptom or important change or modification of the disease, you must perceive the propriety of sacrificing a little time and attention to accuracy of description; for instance, the neuralgic affection, with which she was originally attacked, continued with little intermission for nearly six months, when it suddenly left her on the 1st of November, in consequence of the supervention of a paroxysm of hysteria. The cataleptic symptoms appeared for the first time on the 21st of the same month, and ever since that period the case has been of a mixed character, alternately presenting the symptoms both of hysteria and catalepsy. I will not now detain you with lengthened commentaries on the numerous, and I may add anomalous symptoms, which have been already described. However, there is one to which I feel it necessary to call your special attention: I allude to the loss of speech, which took place on the 13th of November, and did not return till the 25th of December. Although this symptom is by no means an uncommon occurrence in hysterical patients, I am not aware that there is any case on record in which *mutism* continued so long without interruption as in this instance. There is one mentioned by Andral, in which the patient, a female, 26 years old, suddenly recovered her speech at the end of ten days' dumbness. It is a curious fact, worthy of recollection, that in this instance, as in the case of our patient, the power of articulation returned immediately after a fit of vomiting. I regret to state this very strange phenomenon will not admit of a satisfactory explanation; it cannot be accounted for in the usual way by a reference either to a defect in the intellectual faculties, or paralysis of the tongue, as she was perfectly intelligent, and could move the tongue in every direction with the utmost facility, in the absence of the paroxysm; nor can we say with confidence, that the defect was in the larynx, inasmuch as she was capable of uttering "a crowing noise."

The causes, progress, duration, and the pathological phenomena,

attendant on nervous diseases, are so variable, and so imperfectly understood, that it is impossible to lay down any one plan of treatment which will apply to all cases. In our prescriptions we should be guided by the circumstances peculiar to each individual case. In accordance with this principle the remedies employed in the case of Mrs. Finn were numerous, and varied as circumstances seemed to indicate. For example, when the paroxysms were violent and the countenance was suffused, leeches were occasionally applied either to the temples, spine, labia, or inguinal regions. Embrocations to the temples, and blisters to the nape of the neck, spine, and epigastrium, were also employed from time to time. Internally she got purgatives, antispasmodics, tonics, and emmenagogues of every description.

In concluding this protracted but interesting discussion, permit me to state, although I am vain enough to think that the plan of treatment adopted in this case had a beneficial influence in *moderating* the symptoms, that I ought not confidently to attribute the present improvement either to the skill of the medical attendant or the *specific* efficiency of his prescriptions.—*Lancet*.

#### CÆSAREAN OPERATION PERFORMED THREE TIMES WITH SUCCESS ON THE SAME WOMAN.

IN the German medical journal *Abhandlungen aus dem Gebiete der Geburtshülfe* (Ed. G. A. Michaelis), Keil, 1833, we find the following case, in which Drs. Zwanck, Wiedemann, and Michaelis, were the operators, and which we now analyze and present to the English reader. The subject of the report was a female, who had suffered so much from rickets and softening of the bones during childhood, that she did not commence to walk (and then moved only with difficulty) till the age of twelve years.

At the period of her second pregnancy her stature did not exceed four feet (Prussian measure), and the vertebral column was excessively curved at the lumbar region: the pelvis, when examined internally, appeared very much contracted from behind forwards; the antero-posterior diameter, from the lower edge of the symphysis to the promontory, was two and a quarter to two and a half inches, and that of the inlet was estimated at two inches. The cavity of the sacrum was not well marked, and the perineum was very small.

The course of the first pregnancy was regular, and labor came on at the end of forty weeks; as the head appeared to remain immoveable above the inlet of the pelvis, the child was turned and the forceps applied, but without effect, and the assistance of another physician was required.

As the child appeared still to live, it was determined to perform the Cæsarean operation, and in order to prepare the patient twelve leeches were applied to the abdomen, and she was ordered an emulsion containing some nitre.

The operation was performed on the following morning, by Dr. Zwanck, June 18, by an incision which divided the linea alba. Dr.

Seidel supported the parts exposed by this incision, with a cloth steeped in oil ; one or two folds of intestine protruded near the lower extremity of the wound, but they were soon returned ; an incision was now made into the uterus, and the child and placenta were extracted at the same time. A sharp hemorrhage from the division of the uterus was arrested by dropping cold water on it, and the organ became firmly contracted.

The child, a boy weighing about seven pounds, showed traces of recent death. The wound was closed with sticking plaster, covered with charpie, and supported by a bandage. The treatment at first was strictly antiphlogistic, and half a grain of acetate of morphine was administered every day : by degrees a more strengthening regimen, bark, &c. was substituted. The discharge through the wound was moderate, and after three weeks it was completely closed ; on the 20th of July the patient might be considered as cured, and the menstrual discharge returned eight weeks after the operation.

Dr. Zwanck attributes the excellent sleep enjoyed by the patient to the use of the morphine, which thus contributed to prevent the development of various accidents.

[The rapid cure and the absence of every dangerous symptom in the present case, are remarkable circumstances ; and although the use of the morphine, and abstinence from the suture which is generally employed, may appear to account for the success of the operation, yet other reports prove that a perfect cure may be obtained, under favorable conditions, when the constitution is sound and the patient is submissive, without our having recourse to this last resource.]

The above-mentioned female became pregnant a second time, after a lapse of three years, and was brought to the lying-in hospital of Keil, in December 1829. Since the last operation it was manifest that the uterus was united to the parietes of the abdomen at the inferior portion of the cicatrix ; and on the coming on of the labor pains, the extent of the union could be sufficiently perceived by the wrinkled lines produced in certain points ; the diameter of this might amount to one and a half inches. Upon internal examination the fœtus or its position could not be felt, but externally it was found that the buttocks lay upon the pubis. At the commencement of January (the last month of her pregnancy), the patient complained frequently of severe tension of the abdominal parietes. Enlarged veins were seen to cross the old cicatrix, the leech-bites partially opened, and one furnished a good deal of blood.

Labor commenced in the night in January 1830. On the morning of the 21st the os uteri began to dilate, and at four o'clock, P. M. its dilatation was about three fingers. The membranes now gave way, and a foot was distinguished. Under these circumstances the Cæsarean operation was performed by Dr. Wiedemann, who preferred making his first incision along the left side of the linea alba. The placenta immediately presented itself in the wound. This was removed, the left arm of the child was seized, and the infant itself was extracted as far as the head. A contraction of the uterus soon set in, and the head followed a gentle traction. The child, a female, seven pounds in weight, was born alive. On this occasion three points of suture were applied, according to Graefe's plan, a small pledget of lint was laid in the lower angle of the



wound, and the whole was dressed with sticking-plaister, lint, &c. The progress of the wound now also was favorable, and in the beginning of March it was all cicatrized except in a few small spots. The secretion of milk appeared during this time, and the child took the breast, but died on the 19th of February from a species of *endurcissement* of the skin. Up to the middle of March a few points of the wound remained unclosed, and on examination there was found a fistulous orifice from which on pressure a little mucus-like fluid exuded. After several attempts to find the direction of the canal, the sound penetrated more than an inch into the uterus, which lay close under the cicatrix, and was firmly united to the integuments of the abdomen. Injections thrown into the fistula passed out through the vagina, and a muco-purulent fluid, in some quantity, also now came away through this channel. The fistula uteri resisted all attempts made to heal it, up to the patient's departure in March, although sometimes it appeared for a few days to be closed with a thin pellicle of skin. The whole anterior surface of the uterus now appeared to be united to the abdominal parietes, and the organ was so much drawn up that the os uteri could scarcely be reached above the os pubis with the finger.

The third pregnancy took place in June 1831. At this time the fistula was healed, and the patient had commenced to menstruate soon after her departure from the institution. She returned in March 1832, and in the end of the same month labor set in, when M. Michaelis (for the third time) performed the Cæsarean operation. He made his incision on the left side of the second cicatrix, and extracted a male child weighing 6 3-4 pounds. The placenta was easily loosened and brought away likewise. A severe hemorrhage, which followed the removal of the placenta, was arrested by dropping water from a sponge moderately elevated above the wound. The latter was dressed in such a manner as to guard against future hemorrhage. The patient's state continued favorable, and on the 16th of May only a few small points of the cicatrix were open, and these soon healed. The patient left the institution on the 27th, and since that time has continued to enjoy most excellent health.

This highly interesting and remarkable case gives M. Michaelis an opportunity of delivering some judicious remarks on the Cæsarean operation, to a few of which we shall allude.

1st. On the operations which have been performed several times with success on the same female. He refers to ten cases as the only ones to which no doubt can be attached.

2d. Cases in which the second operation was followed by the death of the mother; and also examples of pregnancy after the Cæsarean section.

3rd. M. Michaelis strongly condemns the practice of suture, as likely to bring on inflammation, and hence he applies them as seldom as possible.

4th. The author notices 110 cases in which this operation was performed; of these 62 died and 48 recovered. If we seek the causes of death, we find—From the immediate impression of the operation 2; convulsions 2; debility 3; hemorrhage 7; meteorismus 3; effusion into the abdomen without inflammation or hemorrhage 3; excessive softening of the bones 1; diarrhoea 1; inflammation 13; gangrene 8.



In order to calm the first impression of the operation, the author recommends the plentiful use of opium, and mentions that one of the patients took as much as 20 grs. of the acetate of morphine in the first few days. Experience has also convinced him, that perhaps the most important point of all in the treatment is, the early and sufficient emptying of the intestinal canal, which is the best means of promoting the discharge of the lochia. The 110 operations already noticed gave birth to 67 living, 29 dead, and 4 asphyxiated children; but perhaps the most curious circumstance of all is, the difference of mortality for the cases of repeated operation. 15 patients who had been operated upon became pregnant a second or third time, so as to furnish 18 cases; as two died from accidental laceration of the uterus, it remains to consider only 16; of these, 11 were operated upon with success for the mother, and 5 unsuccessfully for the mother: 8 children were saved and 7 died. Thus, if we take the relation of the above 16 cases, we find that the cures are to the deaths, in cases where the operation is performed for a second or third time, as 11 to 5, while the general mortality, or rather the relation of cures to deaths, is as 4 to 3 nearly.—*Ibid.*

#### A CASE OF PUERPERAL CONVULSIONS PRODUCED BY FRIGHT.

ENTIRE AMNESIA OF EVERY EVENT FROM THE OCCURRENCE OF THE INCIDENT THAT CAUSED THE FRIGHT, TO RECOVERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In looking over a former note-book, my attention was arrested by the following Case of Puerperal Convulsions which occurred in my practice at F——, in 1832. It was to me an interesting one, and some of the circumstances connected with it, are, I believe, rather unusual. If, in your opinion, the following brief history of it, as it was recorded in my diary at the time of its occurrence, is worthy of a place in your Journal, it is at your service.

As the patient and her family are highly respectable, and as a false delicacy may induce a desire to conceal the history of her sufferings, I shall from motives of prudence suppress all but the initial of her name and that of the place of her residence.

CASE.—On Septem. 13th, 1832, Mrs. N——, of F——, about 22 years of age, possessing ardent feelings, an excitable nervous system, and a constitution naturally delicate, was in her first pregnancy and near the proper time of her confinement, when one of her young brothers fell from a tree near her father's house, where she was then residing, and was taken up with a face much bruised, and in an apparently lifeless state. The parents of the boy were considerably alarmed by the accident, and brought him, *sans ceremonie*, immediately into the house. Considerable apprehension was entertained by the friends, that this casualty would have a very unfavorable effect upon the daughter. It did not, however, seem to affect her so much as was expected. I was called to the boy, and found him some mutilated, but revived, and after examining his wounds, I entertained but little doubt of his speedy recovery, which in

a short time took place. I mention this, to show that the first shock Mrs. N. received from the sight or tidings of her brother's mishap, was the probable cause of her after sufferings, though she appeared to sustain it with uncommon fortitude, and this was remarked by all who saw her. There was, however, if my memory rightly serves me, a composure of mind manifested on the occasion that almost amounted to an entire indifference. She, notwithstanding, rendered considerable assistance in the care of the young man, and nothing singular was noticed in her conversation or behavior during that day or the one succeeding it. On the 14th, in the evening, she was taken in labor. I was called and found the os uteri considerably dilated, and the head of the child presenting in the most favorable manner. Nothing unusual was observed by me or the attendants in anything she said or did. The pains continued about five hours regularly, but were not very strong. The head descended into the pelvis, and was almost on the point of being expelled, when the pains entirely ceased. I waited a suitable time for them to return; but finding there was but little prospect of it, and fearing from the position of the child I might lose it, I attempted to deliver, and with considerable, though with no undue effort, succeeded. On examination I found the head of another child presenting, which rapidly descended to the same place, but without her complaining of any pain, and there came to a stand. In a little time, in the same manner, I was under the necessity of delivering her of the other. They were both living and healthy female children, weighing about thirteen pounds. She conversed and seemed cheerful after her delivery, but during labor, there was, to every appearance, a total insensibility to any suffering, and there was noticed by her mother an unusual levity in her manner. This, however, was not observed by myself at the time, nor, I believe, by any other individual present.

I gave her a cordial, and left the room to congratulate her friends. But I was soon requested to return. On entering the chamber, I found her recovering from what was supposed to be an hysterical paroxysm. But a recurrence of a violent puerperal convulsion soon undeceived me. I immediately administered an opiate, with a saline enema, applied cold applications to the head, a warm bath to her feet and limbs, and abstracted about thirty-two ounces of blood from the arm. These exertions, however, gained but a brief respite. From their accession, she had already had three, which in about an hour were succeeded by another. I then gave her antispasmodics freely, and continued the external applications to the head, limbs, and feet. These consisted of coarse cloths wet every two or three minutes in the coldest water that could be obtained, for her head, and flannels similarly prepared in as hot water as could possibly be borne, for the extremities. After this, she laid about two or three hours in a quiet lethargic state. The attendants beginning now to relax, in some degree, their efforts in the employment of the external agents, their negligence was quickly followed by a return of paroxysms. On the recurrence of the fit, I immediately opened the same vein a second time, and let it bleed until the spasms had entirely left her. The paroxysm was long and violent, and during its continuance not far from thirty-two ounces more of blood were drawn. This was the fifth and last spasm. A slight re-action took place, that lasted, however, but a short time. She

afterward recovered in the most favorable manner, as though nothing had happened.

The immense quantity of blood that she lost appeared to debilitate her but very little ; and nothing unpleasant was produced by the cold applications, which with the warm ones were from the last fit continued a number of hours.

It is proper to remark, that she had never been subject to convulsions of any kind before, and that the treatment employed for her relief, appeared to be indicated by the symptoms. The large and repeated bleedings, with the external applications, however, were the only means, in my opinion, which were of any great service in relieving the patient. And if this opinion is at war with the supposition that these convulsions were produced by fright, I shall leave others to solve the difficulty, without attempting to do it myself.

There was evidently a fullness of the vessels of the brain, from too great a determination of blood to the head ; but whether this always is or is not the consequence of terror, I am unable from my own experience to decide. Be this as it may, I have presumed it to be the consequence in this individual case, and if others think differently when they shall have read the sequel, I hope I shall be favored with their reasons.

But the most prominent circumstances that led me to believe these convulsions were caused by fright, were these. After her last fit, she laid in a quiet sleep for a number of hours. When she awoke, she seemed to have awaked to a new existence ; forty-eight hours were entirely lost to her. She neither knew that she had had convulsions, nor that she had been confined. Neither did she remember any of the circumstances attending or preceding her confinement to the fall of her brother from the tree. Everything that was transacted within her knowledge antecedent to the accident of her brother, she recollected with perfect distinctness. But all she had done, and said, and saw, after that event, to the time of returning consciousness, she had not the most indistinct recollection of. Though the impressions she received after the brother's misfortune, to her recovery from convulsions, seemed to have been entirely obliterated from her mind, the power of recalling them was lost only for about five weeks, at the end of which time it was partially restored. She began to recollect some things which happened that were of considerable interest to her, but it seemed, as she expressed it, that a number of years had elapsed since they had transpired. These circumstances, therefore, make it appear evident to me, that the fright was the immediate cause of the convulsions.

Yours, respectfully,

L. W. SHERMAN.

*Wrentham, Mass. June 16th, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 1, 1835.

## POPULAR LECTURES ON TIGHT LACING.

ON no account would we throw obstacles in the way of those, who, from the purest feelings of benevolence, are philanthropically engaged in disseminating useful knowledge. The spirit of the age is manifestly in favor of making all men, in all conditions of life, acquainted with the mystery of all arts, and with the general principles of those sciences which have for their object the moral elevation as well as physical welfare of the great human family. But there are boundaries, beyond which it is both impolitic as well as reprehensible in a public teacher to carry a miscellaneous audience :—because he only bewilders the hearer with a relation of facts, so far removed from the ordinary course of his cogitations, that instead of benefiting him in the manner ostensibly proposed, he confuses and distracts him with the consideration of things wholly foreign, and totally out of the sphere of ordinary comprehension.

We have been led to these reflections in consequence of having read, in some of the papers of the day, of the thrilling interest excited by the popular lectures *on the evils of tight lacing*, by a medical gentleman, who seems to have moved over a considerable tract of country, exhibiting such skilful acquaintance with the carpentry of the female thorax, as to leave the impression on the minds of some, that he is without a rival in the mysterious anatomy of the chest.

If females could be influenced to abandon a custom so destructive to health, as well as inconsistent with the development which nature designed of that particular section of the body which contains the vital organs, there would be something praiseworthy in the effort to convince them of the evil that has been practised, from mother to daughter, through successive generations. But they will not regard the admonitions of physicians ; and to lecture to ladies, assembled expressly for this purpose, is labor thrown away. Because there is something novel in hearing a learned man discourse publicly on a subject peculiar to the toilet of a lady, curiosity prompts everybody to go ; but the essential evils to which the female is predisposed, having their actual origin in the voluntary distortion she induces by habitually lacing her body in stays, cannot be mentioned—no, nor even adverted to by a well-bred professional gentleman, without forfeiting all claims to modesty, and offending those for whom he pretends to be laboring.

The question arises—Does the popular lecturer here adverted to, really feel that it is his bounden duty to reconnoître all New England, and arouse the better part of creation to a sense of their dreadful physical condition ? Could there be any selfishness in taking the humble pittance of *twenty-five cents* a head, a little while since, in the city of New York, in exchange for a story upon the same sing-song business ? Is it possible that there can be any inordinate degree of hankering for notoriety—or a desire to be classed with those who go about doing good, for goodness sake ?

Far be it from us to begrudge two York shillings to any one ; the

laborer is worthy of his hire ;—but we cannot look with indifference on such itinerant doings—such undignified efforts, alike degrading to the individual and to the profession at large, without feeling that it is more important that female anatomy should be taught minutely in the theatre, than that the sex at large require any more insight into the physical condition of themselves, than every intelligent woman already understands.

There can be no possible objection to furnishing females with physiological works in which they may study their own organization ; indeed it is due them to be provided with plain, practical treatises ;—but this newly broached plan of collecting them by hundreds into churches and town halls—misses, maids and matrons, old men and boys—is so revolting to any one not wholly lost to a sense of delicacy and common propriety, that for the honor of the medical character we hope there will never be a repetition of these popular lectures on the evils of tight lacing.

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#### IMPROVED EDITION OF GOOD'S STUDY OF MEDICINE.

REFERENCE was made in a late number of the *Journal* to an American edition of the above-named work, by Dr. A. Sidney Doane, of New York. The following particulars and remarks in regard to it are from the *U. S. Med. and Surg. Journal*.

“We mentioned in our last, that the Messrs. Harpers, of New York, having lately received a copy of the last edition of this important work, have committed it to the press for immediate republication. The present edition appeared in London in December last ; it is a greatly enlarged copy, with additions from the last manuscript improvements of the learned author, and still farther increased in value by many additions of a practical character by the distinguished editor, Prof. Samuel Cooper, the writer of the popular surgical dictionary, and other works. The contemplated edition now about to appear from the accurate and excellent press of the Harpers, will include the whole work and emendations of Dr. Good, and all additions and improvements by Cooper ; and to these throughout will be still further added a large and copious body of practical notes by the American editor, Dr. A. Sidney Doane, of New York, who has for some time been advantageously known to professional readers and practitioners as a gentleman of eminent erudition and capacity. The notes and improvements of Dr. Doane will embrace the leading facts and principles of American practice ; and these researches of the editor will enable him to associate with the labors of Dr. Good a large amount of the opinions and observations which have resulted from the clinical experience of the most prominent American authors throughout the United States. It is believed that the fidelity with which this act of justice will be performed towards the character and capacities of native writers in different parts of our widely-extended country, will give to the projected undertaking a consideration far superior to that of any former edition of this elaborate and valuable work.

We feel justified in thus noticing the present edition of the *Study of Medicine*, inasmuch as we have carefully examined the 1st volume already printed ; and if Dr. Doane continues to exercise the same industry and judgment throughout the book, we feel satisfied that the profession will be subjected to lasting obligations to him for his services.

We are informed that some few weeks must necessarily elapse before the appearance of the present work, as it is extensive and will be executed

in a very beautiful manner ; it will be included in two large octavo volumes, and offered for sale at a very reasonable price."

*Medical Appointment.*—Dr. M. S. Perry, of this city, was on the 24th, elected, by the Directors of the House of Industry, Physician of that Institution, as successor to Dr. McKean, whose term of service has expired.

*Cuprum Ammoniatum in St. Vitus's Dance.*—The favorable effect of this medicine on St. Vitus's dance, I had an opportunity to observe in the cases of some individuals, girls between ten and fifteen years old. I will here give the briefest possible account of the most interesting of those cases.

O. a healthy, though delicately built girl of ten years, got, without known cause, convulsion and spastic movements in the left arm, which in a few days extended themselves over the whole body, in so much, that the patient, uninterruptedly given up to an involuntary play of the muscles, was tossed about on her bed incessantly, in an agitated manner, that was horrible to behold. Delusions of sense did not take place ; consciousness was present ; yet the patient could not answer the questions asked her, for over the tongue also the control of the will had ceased. The pulse was frequent, hard, tight, the respiration hurried : all secretions and excretions pretty regular. In being lifted up, the patient exhibited a weightiness as of lead, only during sleep of many hours did rest come on.

As to some other patients, with whom chorea appeared as mere nervous derangement, I ordered to O. also cupr. amm. and though the enormous intensity and the extent of the evil sometimes went nigh to weaken my confidence in this remedy, yet from the short duration of the suffering, I had on the other hand every hope. The patient, therefore, took, &c.

R. Cupri sulph. amm. gr. tria.  
Solve in aquæ distill. uncia una.

Daily three times, twelve drops to be taken in half a cup of oat-gruel ; every three days each dose to be increased three drops.

The result exceeded my anticipation, for hardly had the child taken two glasses of the drops, when she was almost without any ailment, but some weakness in the left arm. The convalescent now took the medicine only twice a day, and washed the as yet unserviceable arm with spirituous lotions. After eighteen grains of the medicine had been consumed, O. might be looked on as cured, and now, after six years, is still quite well. For the rest, as is usual in administered metalline remedies, the drops were increased until they excited illness, and thenceforward continually diminished.—*Medicinische Zeitung.*—*N. Amer. Arch.*

*New Operation for the Radical Cure of Hernia.*—M. Gerdy, Surgeon to the *Hôpital St. Louis*, Paris, communicated to the Academy of Medicine, on the 7th of April, the following method to obtain the above object. It consists in pushing, with the extremity of the finger, the skin, which is to be reversed, and doubled on itself, like the finger of a glove, while it is forced into the hernial orifice and canal. 2d. In fixing the bottom of this sacciform prolongation to the anterior parietes of the hernial canal by three or four points of suture. 3rd. Causing inflammation of the sac thus formed, by ammonia, so as to produce adhesion of its sides and obliteration. 4th. Finally, and to make the success of this operation more

certain, the exterior opening of the inverted sac may be closed by a few points of suture. This operation, which is but little painful, very innocent, and which may be performed without making a single incision, closes the hernial orifice and canal by a solid plug of skin. M. Gerdy has just performed it with success at *St. Louis*: in the case of the first patient operated on, on the 12th of March, the adherences were complete on the 7th or 8th day, and the hernia is now radically cured. A second patient was operated upon on the 27th with equal success.—*Lancet*.

*Hospital Statistics.*—A report of the General Hospital at Breslau for the year 1833, in the *Berlin Med. Zeitung*, No. 5, 1835, gives the following statistics: At the end of the preceding year there remained in the hospital 228 patients. During 1833 there were received 2375. Of these, 1831 were affected as follows:—

*Medical Cases.*

Fevers . . . . .	608
Inflammations . . . . .	188
Skin diseases and pock . . . . .	385
Effusions . . . . .	250
Neuroses . . . . .	98
Mental Affections . . . . .	70

*Surgical Cases.*

Various injuries . . . . .	120
Abscesses . . . . .	174
Tumors . . . . .	112
Fractures and dislocations . . . . .	62
Herniæ . . . . .	4
Gangrene . . . . .	8
Syphilis . . . . .	293

Of the 2603 patients contained in the hospital during the year, 410 died. Hence the mortality may be considered as 1 for 6.348780 of those treated.—*Ibid*.

*Internal Administration of Emplast. Cantharidis.*—Mr. Batten, surgeon, of Tooley Street, says, "Having had an adult under treatment for chronic diarrhœa, which had reduced her to a condition of extreme inanition, and finding neither antiphlogistic, counter-irritant, nor tonic remedies avail in its subjugation, she was put under a course of emp. canth. in the form of pill, and which was selected from a mass of that substance of the most pure and active quality. She took eight grains daily, for the space of a fortnight, which had the effect of re-establishing her health in the most gratifying manner, and without causing her to suffer any inconvenience. A series of instances similar to the foregoing might be narrated."—*Ibid*.

*Hemicrania cured by Acetate of Morphine applied endermically.*—Dr. Magister, in a memoir in the *Gazette Médicale de Paris*, for October 4th last, endeavors to show that hemicrania is a neuralgia generally seated in the ramifications of the nerves distributed to the temporal and orbital regions, though it may sometimes be caused by nervous sympathy, the primary irritation being in an organ or nerve remote from these regions.



The best treatment for this disease, even when symptomatic, is, he says, the application of acetate of morphia to the derma denuded of cuticle by the ammoniacal ointment. Several cases illustrative of the efficacy of this treatment are given.—*Amer. Journ. of the Med. Sci.*

**TO CORRESPONDENTS.**—The interesting Communications of Drs. Comstock and M. L. North were received too late for this number.

**DIED**—At New York, Dr. William McCaffry, aged 47.

Whole number of deaths in Boston for the week ending June 20, 23. Males, 9—Females, 14.

Of tumor on the liver, 1—old age, 4—child-bed, 1—syphilis, 1—debility, 2—fits, 1—lung fever, 2—dropsy, 2—inflammation of the lungs, 1—consumption, 3—scarlet fever, 1—phthisis, 1—infantile, 1—dyspepsia, 1. Stillborn, 1.

### ADVERTISEMENTS.

**DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.**—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

♣ Sold wholesale and retail in Boston, by WILLIAM WARD, No's 26 and 27 India street, and PEIRSON & ROWLAND, Apothecaries' Hall, 185 Washington street, and Apothecaries generally.

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May 13.

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Boston, March 4, 1834.

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Boston, February 4, 1835.

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